

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name JOHN S. FOSTER

Address 4678 VIA HUERTO

Address

City	SANTA BARBARA	State	CA	ZIP	93110
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		Fax	(805) 967-2677		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	PATRICK EDWARD		Family Name or Surname	FEIERABEND
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Inventor's Signature	<i>Patrick Edward</i>		Date	1/11/01
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Residence: City	215 SANTA BARBARA VIA SEVILLA ST	State	CA	Country	USA	Citizenship	US
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Mailing Address 215 VIA SEVILLA ST

Mailing Address

City	SANTA BARBARA	State	CALIF	ZIP	93109	Country	USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Richard Thomas		Family Name or Surname	MARTIN
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Inventor's Signature	<i>Richard Thomas Martin</i>		Date	11 Jan 2001
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Residence: City	Goleta	State	CA	Country	USA	Citizenship	USA
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Mailing Address 5692 Berkeley Road

Mailing Address

City	Goleta	State	CA	ZIP	93117	Country	USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> </u> of <u> </u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature	<i>Jeffery Frank Summers</i>						Date <u>1/11/01</u>
Residence: City	<u>Santa Barbara</u>	State	<u>CA</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>1416 Clearview rd.</u>						
Post Office Address							
City	<u>Santa Barbara</u>	State	<u>CA</u>	ZIP	<u>93101</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature	<i>Andrew Dexter</i>						Date <u>1/11/01</u>
Residence: City	<u>Los Alamos</u>	State	<u>CA</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>P.O. Box 902 Los Alamos CA 93440-0902</u>						
Post Office Address							
City	<u>Los Alamos</u>	State	<u>CA</u>	ZIP	<u>93440</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature	<i>Paul J. Rubel</i>						Date <u>1/11/01</u>
Residence: City	<u>Santa Barbara</u>	State	<u>CA</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>527 La Marina Dr.</u>						
Post Office Address							
City	<u>Santa Barbara</u>	State	<u>CA</u>	ZIP	<u>93101</u>	Country	<u>USA</u>

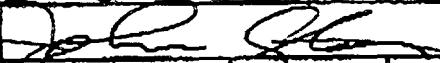
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PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> </u> of <u> </u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle if any)		Family Name or Surname			
John Stuart		Foster			
Inventor's Signature				Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	4678 Via Huerto				
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93110
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name (first and middle if any)		Family Name or Surname			
John W		Stocker			
Inventor's Signature				Date	1/17/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	211 Bath				
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name (first and middle if any)		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State	ZIP		Country

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> </u> of <u> </u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
John Stuart		Foster			
Inventor's Signature				4/4/01 Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	4678 Via Huerto				
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93110
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
		Stocker			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	
First Named Inventor	PATRICK E. FEIERABEND
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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